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	B023018	A. BUILDING: _____ B. WING _____	03/07/2023

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STAR LIVING, LLC	3911 W 13TH STREET LAWRENCE, KS 66049

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint #175713 at the above named Home Plus conducted 03/06/23 - 03/07/23.	S 000		
S5105 SS=F	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a) The facility reported a census of 10 residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS) for resident (R)101, R102, R103 and R104.	S5105		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S5105	Continued From page 1 Findings included: - R101's medical record revealed the resident moved into the facility on 11/28/22 with a diagnosis of dementia. 12/06/22 FCS identified R101 triggered for management of medications, management of treatments, cognition, communication, falls/unsteadiness and impaired decsion-making. The 03/03/23 NSA did not address R101's management of medications, management of treatments, cognition, communication, falls/unsteadiness and impaired decsion-making. On 03/07/23 at 10:46 AM Licensed Nurse (LN) B acknowledged that not everything that triggered on the FCS was addressed on the NSA. The operator failed to ensure R101's NSA was fully developed to include all items that triggered in the FCS. - R102's medical record revealed the resident moved into the facility on 10/11/18 with a diagnosis of diabetes mellitus. The 01/01/23 FCS indentified R102 triggered for management of medications, management of treatments, bladder incontinence, cognition, fall/unsteadiness, and impaired decison-making. The 01/01/23 NSA did not address R102's management of medications, management of treatments, bladder incontinence, cognition,	S5105		

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S5105	Continued From page 2	S5105		

fall/unsteadiness, and impaired decison-making.

On 03/07/23 at 12:08 PM LN B acknowledged that not everything that triggered on the FCS was addressed on the NSA.

The operator failed to ensure R102's NSA was fully developed to include all items that triggered in the FCS.

- R103's medical record revealed the resident moved into the facility on 08/24/20 with a diagnosis of Alzheimer's Disease.

The 12/06/22 FCS identified R103 triggered for toileting, bladder incontinence, cognition, impaired vision, and impaired decision-making.

The 03/02/23 NSA did not address R103's toileting, bladder incontinence, cognition, impaired vision, and impaired decision-making.

On 03/07/23 at 10:46 LN B acknowledged that not everything that triggered on the FCS was addressed on the NSA.

The operator failed to ensure R103's NSA was fully developed to include all items that triggered in the FCS.

- R104's medical record revealed the resident moved into the facility on 09/03/21 with a diagnosis of Alzheimer's Disease.

The 12/20/21 FCS identified R104 triggered for triggered for management of medications, management of treatments, bladder incontinence, cognition, communication,

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S5105	Continued From page 3 falls/unsteadiness, impaired vision, and impaired decision-making. The 01/01/22 NSA did not address R104's management of medications, management of treatments, bladder incontinence, cognition, communication, falls/unsteadiness, impaired vision, and impaired decision-making. On 03/07/23 at 12:11 PM LN B stated acknowledged that not everything that triggered on the FCS was addressed on the NSA. The operator failed to ensure R104's NSA was fully developed to include all items that triggered in the FCS.	S5105		
S5161 SS=F	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) The facility reported a census of 10 residents. Based on interview and record review and interview the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for resident (R)101, R102, R103 and R104.	S5161		

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S5161	Continued From page 4 Findings included: - R101's medical record revealed the resident moved into the facility on 11/28/22. R101's most recent NSA was completed on 03/03/23 and failed to identify the nurse responsible for the implementation and supervision of the health care services plan. On 03/07/23 at 10:46 AM Licensed Nurse (LN) B acknowledged the nurse responsible for the implementation of the care plan was not identified on the NSA. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R101. - R102's medical record revealed the resident moved into the facility on 10/11/18. R102's most recent NSA was completed on 01/01/23. On 03/07/23 at 12:08 PM LN B acknowledged the nurse responsible for the implementation of the care plan was not identified on the NSA. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R102.	S5161		

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S5161	Continued From page 5 - R103's medical record revealed the resident moved into the facility on 08/24/20. R103's most recent NSA was completed on 03/02/23. On 03/07/23 at 10:46 AM LN B acknowledged the nurse responsible for the implementation of the care plan was not identified on the NSA. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R103. - R104's medical record revealed the resident moved into the facility on 09/03/21. R104's most recent NSA was completed on 01/01/22. On 03/07/23 at 12:11 PM LN B acknowledged the nurse responsible for the implementation of the care plan was not identified on the NSA. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R104.	S5161		
S5210 SS=F	26-42-104 (b) Written Emergency Plan b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential	S5210		

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S5210	Continued From page 6 emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: KAR 26-42-104 (b)(5) The facility reported a census of 10 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure the disaster and emergency plan include all required items as it failed to include information on explosion. Findings included: - On 03/07/23 review of documentation of the emergency management plan revealed it did not include information concerning explosion. On 03/07/23 at 01:30 PM, Licensed Nurse B acknowledged the disaster plan did not include information concerning explosion. The operator failed to ensure the emergency management plan included all the required items.	S5210		

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S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The facility reported a census of 10 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the "Emergency Management Plan" (EMP) with employees and residents. Findings included: - On 03/07/23 the facility provided documentation for EMP reviews. No documentation was provided for resident reviews and lacked	S5215		

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S5215	Continued From page 8 documentation for staff reviews for the fourth quarter 2021, first quarter 2022 and second quarter 2022. Dates of quarterly reviews of the with employees: 09/05/21, 03/22/22, 06/10/22, 07/01/22, 09/23/22, 11/20/22, 12/31/22, 02/23/23. No documentation of quarterly reviews of the EMP with staff was provided for the first, second and fourth quarters of 2021. Dates of quarterly reviews of the with residents: 09/05/21, 07/01/22, 12/31/22, 02/23/23. No documentation of quarterly reviews of the EMP with residents was provided for the first, second and fourth quarters of 2021. No documentation was provided for the first and second quarters of 2022. The operator failed to ensure the performance of quarterly reviews of the emergency management plan with employees and staff.	S5215		
S5225 SS=F	26-42-207 (a) (b) (1)(2)(3)(4) Infection Control a) The administrator or operator of each home plus shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards;	S5225		

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S5225	Continued From page 9 (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; This REQUIREMENT is not met as evidenced by: KAR 26-42-207(a) The facility had a census of 10 residents. The operator failed to ensure the provision of a safe environment for residents by not following the department's COVID-19 guidance for testing all staff and residents after resident (R)104 tested positive for COVID-19 when he was admitted to a local hospital. Findings included: - R104's medical record revealed he moved into the facility on 09/03/21. The 10/21/22 nursing note documented, "Writer called by staff and notified that resident had difficulty breathing during his shower. Writer assessed resident and did covid test which turned negative ... Paramedics called and were informed the resident status and they came to take him to unit as per family request at around 08:45 hours." On 03/06/23 at 03:07 PM Licensed Nurse (LN) B stated R104 had a cough, she tested him for COVID-19 and it turned out negative. LN B stated R104 was later sent to a local hospital due to declining oxygen saturation. LN B stated she	S5225		

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S5225	Continued From page 10 was later informed by R104's family member that he tested positive for COVID-19 at the hospital. LN B stated after she found out R104 tested positive for COVID-19 she did not test all the residents and staff for COVID-19. The revised 10/07/22 "Kansas Department for Aging and Disability Services COVID-19 Guidance" documented if there was a newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts, then the facility test all staff and residents regardless of vaccination status. "An outbreak investigation is initiated when a single new case of COVID-19 occurs among residents or staff to determine if others have been exposed...Upon identification of a single new case of COVID-19 infection in any staff or residents, testing should begin immediately..." The operator failed to test all staff and all residents after R104 tested positive for COVID-19.	S5225		
S5266 SS=E	26-42-205 (a) (2) Self Administration Assessment content (a) (2) Each assessment shall include an evaluation of the resident ' s physical, cognitive, and functional ability to safely and accurately self-administer and manage medications independently or by using a prefilled medication container or prefilled syringe. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(a)(2)	S5266		

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S5266	Continued From page 11 The facility reported a census of 10 residents. Based on interview and record review the facility failed to ensure medical records contained documentation of a completed medication self-administration assessment to include an evaluation of the physical, cognitive and functional ability to self-inject insulin for resident (R)102 and R103. Findings included: - R102's medical record revealed he moved into the facility on 10/11/18 with a diagnosis of diabetes mellitus. The 01/01/23 "Functional Capacity Screen" (FCS) documented R102 was unable to manage his own medications. The 01/01/23 "Negotiated Service Agreement" documented staff administered R102's medications. The NSA did not identify that R102 self-administered his insulin. The 01/10/22 "Checklist Resident Medication Administration" was completed but did not assess R102's physical, cognitive and functional ability to self-inject insulin. On 03/07/23 at 12:08 PM Licensed Nurse (LN) B stated the self-injection assessment did not include physical, cognitive and functional abilities for R102 to self-inject insulin. The undated, "Injections" policy documented, "If	S5266		

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S5266	Continued From page 12	S5266		

the resident administers his/her own injections, Licensed Nurse verification of the resident's ability to do so is maintained in the resident's record."

The operator failed to ensure a medication self-administration assessment was completed to include an evaluation for physical, cognitive and functional ability for R102's self-injection of insulin.

- R103's medical record revealed he moved into the facility on 08/24/20 with a diagnosis of diabetes mellitus.

The 12/06/22 FCS documented R103 was unable to manage his own medications.

The 03/02/23 NSA documented staff administered R103's medications. The NSA did not identify that R103 self-administered his insulin.

R103's medical records lacked a medication self-administration assessment that assessed for physical, cognitive and functional ability to self-inject insulin.

The undated, "Injections" policy documented, "If the resident administers his/her own injections, Licensed Nurse verification of the resident's ability to do so is maintained in the resident's record."

The operator failed to ensure a medication self-administration assessment was completed to include an evaluation for physical, cognitive and functional ability for R103's self-injection of

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S5266	Continued From page 13 insulin.	S5266		
S5286 SS=E	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(b) The facility reported a census of 10 residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for residents (R)102 and R103 identified the responsible person for administration and management of selected medications. Findings included: - R102's medical record revealed he moved into the facility on 10/11/18 with a diagnosis of diabetes mellitus. The 01/01/23 NSA documented staff administered R102's medications. The NSA did not identify that R102 self-administered his	S5286		

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S5286	Continued From page 14 insulin. The 12/06/22 Health Care Services Plan documented R102 administered his own insulin. On 03/07/23 at 12:43 PM Certified Medication Aide (CMA) C stated staff prepared R102's insulin pen and cleaned off the site where he injected and then gave R102 the pen to self-inject. On 03/07/23 at 12:08 PM Licensed Nurse (LN) B stated the NSA did not identify R102 self-injected his insulin. The operator failed to ensure the NSA identified the responsible person for administration and management of R102's insulin. - R103's medical record revealed he moved into the facility on 08/24/20 with a diagnosis of diabetes mellitus. The 03/02/23 NSA documented staff administered R103's medications. The NSA did not identify that R103 self-administered his insulin. On 03/07/23 at 12:41 PM CMA C stated staff prepared R103's insulin pen and cleaned off the site where he injected and then gave R103 the pen to self-inject. On 03/07/23 at 10:46 AM Licensed Nurse (LN) B stated the NSA did not identify R103 self-injected his insulin. The operator failed to ensure the NSA identified	S5286		

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S5286	Continued From page 15 the responsible person for administration and management of R103's insulin.	S5286		